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ABSTRACT

The purpose of this study was to explore the preferences of primary-aged, non-handicapped children for particular handicapping conditions, including visual, hearing, and orthopedic impairments. Of particular interest were the following questions: (1) Do young children understand the nature of a given handicap? (2) Are young children capable of discriminating between the different handicaps? (3) Is there a developmental pattern with regard to grade, age, and gender? (4) What particular preferences exist towards specific handicapping conditions? A total of 127 children in kindergarten through third grade participated in the study. Subjects were presented three black and white photographs depicting the handicapping conditons and were asked to indicate their preference. Each was asked 22 questions dealing with the following topics: the nature of the handicapping conditions; friendship; helping; play; and work/task performance. Grade level, age, and, less markedly, gender differences were found. Consistency of responses targeting orthopedic impairment for friendship, auditory impairment for play, and visual impairment for helping suggests that nonhandicapped children perceive handicaps in terms of limitations, and that they have a narrow view of the handicapped person's ability to contribute. It is concluded that the earlier such misconceptions are dispelled, the more facilitative classrooms will be for the handicapped, mainstreamed child. (RH)

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INTERACTION PREFERENCES OF NONHANDICAPPED CHILDREN

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ABSTRACT

The preferences of nonhandicapped children when choosing between the handicapping conditions of visual, hearing and orthopedic impairment were explored by examining children's responses to questions about pictures depicting these conditions. One hundred twenty-seven subjects participated in the study; all were enrolled in the Ohio Summer Migrant Education program and represented grades kindergarten through three. The subjects were individually asked a total of twenty-two questions dealing with 1) the nature of the handicapping conditions and 2) interaction/situation questions targeting the following four categories: friendship, helping, play and work/task. Simultaneously the subjects were presented with three black and white photographs depicting the handicapping conditions and from which they were to indicate a preference. Subjects' responses showed relationship to grade level, age level and gender.

INTRODUCTION

What responses are generated by the concept "handicapped"? What the word means to us, how we respond to it, is a predictor of our behavior when confronting handicaps in reality. As we contemplate one who is "handicapped", is the perception total? Or do we perceive the individual as person first and then with a handicap in some particular area? Are the visually-impaired handicapped while enjoying a concert? Are the othopedically handicapped hindered in communicating, learning? Are the hearing impaired any less able to appreciate and respond to the visual arts? Handicaps are not something "within" an individual, but are situation specific; they may be more powerful to the beholder, to the labeller; in light of his perception of handicaps than to the labeled.

In recent years, attitudes toward the handicapped have been examined and responses toward them legislated. Among such responses were the 1972 Amendments to the Economic Opportunity Act and the 1975 P.L. 94-142 (the "mainstreaming" law) in which handicapped children are required by law to become, wherever possible, to become part of the mainstream of education. The benefits to these handicapped children are many, and there could be more. However, it is overly simplistic to assume that handicapped children placed in regular classrooms automatically become a full functioning part of those classrooms. The perception of these individuals as handicapped first and children second is a disservice to these persons who are whole individuals and, in addition, may possess a problem in some

specific area of their existence.

It is reasonable to assume that the success of children with a handicapping condition in regular classrooms is related to the perception and response of their non-handicapped peers (Baum and Wells, 1985). However, Riester and Bessette (1986) have suggested that in the push to disseminate information and implement the mainstreaming program this very dimension has been overlooked. They state,

> A review of the literature illustrates that children with handicapping conditions are not accepted by their non-handicapped classmates in a mainstreamed situation, and, accordingly, are not truly integrated. Nor do they form interpersonal relationships with their normal peers" (p. 12).

Additional review of the research on non-handicapped responses reveals that the handicapped are indeed viewed more negatively than the non-handicapped (Miller, Armstrong and Hagan, 1981; Popp, Fu and Warrel, 1981; Dengerink and Porter, 1984). Further, researchers have noted that non-handicapped children showed a preference to other non-handicapped peers (Weinberg, 1978; Miller, Armstrong, and Hagen, 1981; Popp, Fu, and Warrel, 1981; Faught, Balleweg, Crow and Ver den Pol, 1983).

In examining subjects of different ages, the research suggests that older children showed this preference more than younger children (Hagino, 1980; Popp, Fu, and Warrel, 1981; Miller, Armstrong and Hagan, 1981) while increasing knowledge and age correlated with increasing bias for visible handicaps

(Dengerink and Porter, 1984) even at such young ages as 3 1/2 to 6 years (Gerber, 1977; DeGrella and Green, 1984).

Scholars have suggested that attitudes toward handicapped peers begin to develop even before a child enters school or comes into contact with a disabled child (Gerber, 1977; Kennedy and Thurman, 1982) though young children's perceptions of the nature of handicaps may not be clear. While first graders perceived disability, when given the opportunity to ask questions about their handicapped peers, their questions did not indicate clarity of understanding. Older children asked significantly more involved questions than younger (Petrusic and Celotta, 1985) suggesting questions about the extent of the younger children's perceptions. The visability of a handicap also influences a child's attitude about the disability (DeGrella and Green, 1984). Non-handicapped children perceived the need to help their handicapped peers, perceived incompetence, at a very early age (Kennedy and Thurman, 1982).

Research suggests that the most opportune time to initiate planned instruction concerning handicaps, especially the more visible ones, is in the preschool and primary years (Towfighy-Hooshyar and Zingle, 1984; Baum and Wells, 1985). The benefits of early instruction extend to both handicapped and non-handicapped as integrated settings have a positive influence on child development (Jones, Sowell, Jones and Butler, 1981; Esposito and Peach, 1983; Beckman and Kohl, 1987).

The purpose of the present study was to explore

preferences of primary-aged, non-handicapped children for particular handicapping conditions. If intervention early is most opportune, then a necessary beginning to designing such intervention is knowledge of preferences at these young ages as well as awareness of developmental patterns with regard to age, grade and gender.

The study is a replication of an earlier study done in 1978. However, in addition to an update of literature, photos were used instead of pictures in the presentation to subjects, and the population included both boys and girls instead of just boys.

The study attempted to answer the following questions:

1. Do young children understand the nature of a given handicap?

2. Are young children capable of discriminating between the different handicaps?

3. Is there a developmental pattern with regard to grade, age and gender?

4. What particular preferences exist towards specific handicapping conditions?

METHOD

Subjects

One hundred twenty-seven subjects participated in the study; of this total sixty-two were boys and sixty-five were girls. The children were all enrolled in the Ohio Summer

Migrant Education Program in northwest Ohio and represented the following grade levels: kindergarten (23), first (32), second (36), and third ((36). All subjects were bilingual (English/Spanish) and were interviewed in the language of their choice. In some cases, it was a combination of the two languages.

Materials

A questionnaire containing twenty-two questions guided an interview with each child. The first six questions dealt with the nature of particular handicapping conditions. The remaining sixteen questions represented the following four interaction/situation categories: 1) friendship; 2) helping; 3) play; and 4) work/task.

In addition to the questionnaire, two sets of 3" by 5" black and white photographs were used. One set showed a ten-year old boy depicted as visually impaired, as hearing impaired and in a wheel chair. The second set showed a seven-year old girl in these same contexts. The photographs were placed in a notebook which contained three transparent sheets--one for each set. The sets and pictures were numbered to facilitate recording of responses.

Precoded Child Information Sheets were used for the recording of data. These sheets provided the examiner with a format for recording a number code for each child, his/her age in months, grade level, gender and SES.

Procedures

Prior to the interview, grade level, age and gender were recorded. Each subject was then interviewed in a quiet, controlled area for a period which did not exceed ten minutes. Walking to the area where the study was to be conducted, the examiner very casually informed the subject that he/she would be asked to look at some pictures and answer some questions. As each question was asked, subjects were asked to point to or touch the picture of their preference for each of the twenty-two questions. Male subjects were shown the three handicapping conditions represented by a young boy; female subjects viewed the set showing the young girl. At no time did the examiner allude to the handicapping conditions depicted in the picture. After each question was asked, the sequence of the pictures was changed to control for order of effects. The information was recorded for later analysis.

RESULTS

Data from the first six questions targeting children's understanding of the nature of handicaps was analyzed with regard to the three variables grade level, age, and gender. Analysis of subjects' perception of the nature of handicaps indicated that children across grades do perceive with an increasing degree of accuracy the nature, if not the extent, of auditory, visual and orthopedic handicaps. Visual handicaps were least understood across grade levels. Responses by grade level to those questions on the questionnaire which targeted

understanding of the nature of handicaps are indicated in Table 1.

(INSERT TABLE 1 ABOUT HERE)

Examination of these responses with regard to age level reinforces the grade level observations that younger children do not perceive as clearly as older children the nature of the handicaps depicted in this study; visual handicaps were the least understood. Both age levels indicated a better understanding of the nature of orthopedic handicaps than the other two conditions. Younger children were identified as those from sixty-seven months to eighty-four months while older children were eighty-five months to one hundred thirty-seven months. Responses by age level to those questions targeting understanding of the nature of handicaps are indicated in Table 2.

(INSERT TABLE 2 ABOUT HERE)

Gender differences with regard to the awareness of the nature of handicaps were not as apparent. Boys, however, demonstrated a slightly more accurate perception of handicaps than girls with regard to visual and orthopedic handicaps. (See Table 3.) Analysis of responses to individual questions on the nature of handicaps, using Chi square, indicated statistical

significance at the .10 level.

(INSERT TABLE 3 ABOUT HERE)

The remaining sixteen questions in the interview instrument targeted the following four interaction/situation categories: friendship, helping, play, and work/task. Data was again analyzed according to the three variables grade level, age and gender.

Children's responses across grade levels (see Table 4) indicated that for friendship kindergarteners preferred auditory while across the remaining grade levels orthopedic was preferred. Across grade levels visual was least preferred for friendship.

(INSERT TABLE 4 ABOUT HERE)

In asking for help, kindergarteners preferred visual while first graders were closely divided between visual and auditory. The older two grade levels showed a preference for auditory when seeking help. Across grade levels, orthopedic was least preferred for help.

A mixed response in choosing one with whom to play was noted. Kindergarteners and first graders preferred auditory while second graders were closely divided between visual and auditory and third graders preferred auditory. Orthopedic was

clearly least preferred for play with descending percentages across grade lines.

Kindergarteners who would prefer to ask a visually impaired child for help would also ask one to cooperate on a task as would first graders. Second graders preferred auditory though visual was a close second choice; however, third graders preferred orthopedic.

With regard to age level, younger children preferred auditory for friendship and play, choosing visual least often, but chose visual for help and for cooperating on a task. Orthopedic was chosen least often in these latter two categories. In all cases frequencies represented slightly below or slightly above half of the total. (See Table 5).

(INSERT TABLE 5 ABOUT HERE)

Older children targeted orthopedic for friendship, but auditory for play and for help. In the category dealing with cooperation on a task, older children chose orthopedic most, but the other two nearly as often.

Between genders preferences were similar for friendship, for getting help, and for working on a task; for play, girls preferred auditory while boys were split between visual and auditory. (See Table 6.) Analysis of responses to individual questions on preferences in interactive situations, using Chi square, indicated statistical significance at the .10 level.

(INSERT TABLE 6 ABOUT HERE)

DISCUSSION

Generally there is a developmental pattern with regard to grade and age. Older children are more knowledgeable about the nature of handicapping conditions and are more discriminatory in their preferences. Responses especially among younger children suggest, in particular, a lack of understanding of visual handicaps and the limitations they impose. Visual was not chosen for friendship by any group, but was chosen for help by kindergarteners and for work/task by kindergarteners and first graders, suggesting a favorable perspective regarding abilities of the visually handicapped if not so favorable where friendship and play were concerned.

The orthopedically handicapped were perceived by the older children as a good choice for friendship and by third graders for cooperating on a task, but no other group preferenced orthopedic for any category, suggesting a perception of limitations beyond the actual physical limitations imposed by the handicap. Since many mainstreamed childen do have physical handicaps which confine them to wheelchairs, braces or crutches, such misconceptions can hinder their full acceptance into classroom activities.

Consistency of responses targeting, for example, orthopedic for frienship, auditory for play and visual for the helping tasks suggest that children do perceive handicaps in

the light of limitations, that they have a narrow view of another's ability to contribute. They respond to a handicapped peer, not as a person with a variety of things he/she can do, but as one limited totally by the one area of life in which he/she is handicapped. Seitz (1985) suggests, "The handicapped are people first; people who just happen to have a handicap. ...We are more alike than we are different" (p. 23). The earlier children are adequately informed, the sooner such misconceptions are dispelled, the more facilitative classrooms will be for the handicapped, mainstreamed child.

Further investigation is indicated in determining the perceptions of very young children, pre-school and just beginning school, in particular. Similar studies should be conducted on more diverse populations. Also, a fourth stimulus such as a nonhandicapping picture or a different way of depicting the handicapping conditions, perhaps using video instead of photographs, would provide additional information on children's perceptions of the nature and limitations of in particular handicaps. Of considerable importance are answers to such questions as what are the implications for teachers and their teaching, what is the importance of this issue to both handicapped and nonhandicapped children, who benefits, and what are the implicatons for socialization?

Table 1
Children's Percentages of Correct Responses by Grade
to Questions Targeting Their Understanding of Handicaps

	Auditory	Visual	Orthopedic
Kindergarteners	65%	26%	67%
Grade 1	78%	53%	78%
Grade 2	92%	61%	92%
Grade 3	94%	69%	97%

n = 127

TABLE 2
Children's Percentages of Correct Responses by Age Level
to Questions Targeting Their Understanding of Handicaps

	Auditory	Visual	Orthopedic
Younger Children	44%	28%	68%
Older Children	83%	62%	90%

TABLE 3
Children's Percentages of Correct Responses by Gender
to Questions Targeting Their Understanding of Handicaps

	Auditory	Visual	Orthopedic
Girls	82%	52%	81%
Boys	82%	58%	90%

TABLE 4
Children's Responses by Grade Level
for Specific Handicapping Conditions in Interactive Situations

Grade Level	K		1		2		3	
	n	%	n	%	n	%	n	%
For Friendship								
Visual	21	23%	23	18%	40	28%	36	25%
Orthopedic	27	29%	54	42%	59	41%	60	42%
Auditory	44	48%	51	40%	45	31%	48	33%
Totals	92	100%	128	100%	144	100%	144	100%
For Helping								
Visual	43	47%	51	40%	47	33%	46	32%
Orthopedic	21	23%	25	19%	33	23%	32	22%
Auditory	28	30%	52	41%	64	44%	66	46%
Totals	92	100%	128	100%	144	100%	144	100%
For Play								
Visual	25	27%	48	37%	63	44%	60	42%
Orthopedic	29	32%	24	19%	19	13%	16	11%
Auditory	38	41%	56	44%	62	43%	68	47%
Totals	92	100%	128	100%	144	100%	144	100%
For Work/Task								
Visual	47	51%	50	39%	51	36%	43	30%
Orthopedic	15	16%	42	33%	38	26%	66	46%
Auditory	30	33%	36	28%	55	38%	35	24%
Totals	92	100%	128	100%	144	100%	144	100%

TABLE 5
Children's Responses by Age*
for Specific Handicapping Conditions in Interactive Situations

Age Level	Younger		Older	
	n	%	n	%
For Friendship				
Visual	22	22%	98	24%
Orthopedic	29	29%	171	42%
Auditory	49	49%	139	34%
Totals	100	100%	408	100%
For Helping				
Visual	47	47%	140	34%
Orthopedic	22	22%	89	22%
Auditory	31	31%	179	44%
Totals	100	100%	408	100%
For Play				
Visual	28	28%	168	41%
Orthopedic	30	30%	58	14%
Auditory	42	42%	182	45%
Totals	100	100%	408	100%
For Work/Task				
Visual	52	52%	139	34%
Orthopedic	16	16%	145	36%
Auditory	32	32%	124	30%
Totals	100	100%	408	100%

*Younger = 67 to 84 months Older = 85 to 137 months

TABLE 6
Children's Responses by Gender
for Specific Handicapping Conditions in Interactive Situations

Age Level	Boys		Girls	
	n	%	n	%
For Friendship				
Visual	57	23%	63	24%
Orthopedic	98	40%	102	39%
Auditory	93	37%	95	37%
Totals	248	100%	260	100%
For Helping				
Visual	93	37%	93	36%
Orthopedic	54	22%	57	22%
Auditory	101	41%	110	42%
Totals	248	100%	260	100%
For Play				
Visual	101	41%	95	36%
Orthopedic	44	18%	44	17%
Auditory	103	41%	121	47%
Totals	248	100%	260	100%
For Work/Task				
Visual	92	37%	99	38%
Orthopedic	76	31%	85	33%
Auditory	80	32%	76	29%
Totals	248	100%	260	100%

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